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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docket Number 498		
CLAIMS AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED					NUME	NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1,16(a))							1		s	OR	10,112	s
TOTAL CLAIMS (37 CFR 1.16(c)) 13 minus 20 =					n = .		ĺ	x \$=		1	x \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))			-12 -				ł			OR		
							ł			OR	× \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							J	+ \$=		OR	+ \$=	
* If the difference in column 1 is less than zero, enter *0* in column 2.								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II												
(Column 1) (Column 2) (Column 3)								SMALL ENTITY		OR		RTHAN
H	(Column 1)			1	HIGHEST	1	1	SMALL I	NIIIY	1	SMALL	ENTITY
AMENDMENT A		1 .	MAINING AFTER ENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	12	Minus	"	<u> </u>	Ш	x s=		OR	x s=	
낊	Independent (37 CFR 1.16(b))		2	Minus	***	-		x s=		OR	x s =	
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+s =		OR	+s =	
Г							' '	TOTAL		OR	TOTAL	
ĺ								ADD'L FEE		UK	ADD'L FEE	<u> </u>
			LAIMS		(Column 2) HIGHEST	(Column 3)	1					
NT B		1	MAINING AFTER NOMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.15(c))	•		Minus	m e_	-		x \$ =	122	OR	x s =	
	Independent (37 CFR 1.16(b))	·		Minus		=	ı	x s =			x \$ =	
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									OR		
THOS PRESENTATION OF MOUTHPLE DEPENDENT GOAM (37 CFR 1.18(d))								+ \$=		OR	+ \$= TOTAL	
								ADD'L FEE		OR	ADD'L FEE	
			lumn 1)		(Column 2)	(Column 3)						
AMENDMENT C		REI	LAIMS MAINING AFTER INDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1,16(c))			Minus	**	=	Ī	x s =		OR	x \$ =	
	Independent (37 CFR 1.16(b))	•		Minus	***	-	Ì	x s =		OR	x \$ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))											
	(A) OF R (To(a))							+ \$= TOTAL		OR	+ \$= TOTAL	
	if the entry in o	olumn	1 is less than	the entr	y in column 2, writ	te "0" in column 3	3	ADD'L FEE		OR	ADD'L FEE	
	If the "Highest	Numbe	r Previously	Paid For	IN THIS SPACE	is less than 20, e	ente	r "20".				

including gentlering, preparing, and sucriming the completed application from to the USP (O. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandra, VA 22313-1450.

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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